BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

MCT - 0103

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			. E				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			$\frac{9}{9}$ minus 20=		* 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		* 0	>		X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=	-0
* If	the difference	less than ze	ss than zero, enter "0" in column 2			1	TOTAL	370	OR	TOTAL	7504	
CLAIMS AS AMENDED - PART I											OTHER	
(Column 1) CLAIMS				(Colur		(Column 3)		SMALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 18	Minus	** 2	0	=		X\$ 9=		OR	X\$18=	.]
	Independent	* 3 NTATION OF MI	Minus	***	CLAIM	= /		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
							4	TOTAL ADDIT. FEE	1	OR	TOTAL ADDIT. FEE	,
		(Column 1)		(Colu		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* (8	Minus	** 5	20	=		X\$ 9=		OR	X\$18=	V
AME	Independent	* '3	Minus	***	3	<u> </u>		X42=		OR	X84=	
	FIRST PRESE	NTATION OF MI	JUNPLE DEF	ENDEN	CLAIM		┚╏	+140=		OR	+280=	
							L	TOTAL ADDIT. FEE		ΩP	TOTAL ADDIT. FEE	
			WOIL I LE			ADDIT. I CE						
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	mn 2) IEST IBER OUSLY FOR	PRESENT EXTRA] [RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NOM	Total	* 18	Minus	** /	20	=] [X\$ 9=		OR	X\$18=	
AME	Independent	* 3	Minus	***	3 F.C. A.13.1	-	 	X42=	-,,	OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚┟	1140			+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							Ĺ	+140=/		OR	<i>i</i> _	
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
FORM PTO-875 (Rev. 8/01) Palent and Tradomark Office, U.S. DEPARTMENT OF COMMERCE												COMMERC